

DOCKET NO. 04-191

10/15/04  
CYC 203

**CERTIFIED  
MAIL**

ORDER DATED <u>10/15/04</u>
FCC <u>04M-34</u>
MIMEOGRAPH NO.

**RETURN RECEIPT REQUESTED**

\* 04-191  
**NAME:** Ernest T. Sanchez, Esq.  
The Sanchez Law Firm  
2000 L Street, N.W.  
Suite 200  
Washington, DC 20036

C. R. R. NO.

BY .....

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0003 8378 8426

Postage	\$ <u>60</u>
Postage Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.65</u>

Postmark: 00T 19 2004  
CYC 203  
USPS - 20781

Sent to: ERNEST T. SANCHEZ  
Street, Apt. No. or PO Box No. 2000 L ST. N.W. 300  
City, State, ZIP+4 Washington, DC 20036

PS Form 3800, January 2001 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

\* 04-191

Ernest T. Sanchez, Esq.  
The Sanchez Law Firm  
2000 L Street, N.W.  
Suite 200  
Washington, DC 20036

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

**X**

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☒ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

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